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EDITORIAL

War and Doctors

War in Korea has pointed up the need for additional fighting men and, with them, additional medical officers. Doctors are more in demand than are members of other professions and groups, and many of them are today asking when their turns may come and, if so, by what means will they be called.

In World War II the country was plunged into all-out war on December 7, 1941. In the present conflict the United States is acting as the standard-bearer for the United Nations, presumably the spearhead force for an international police contingent expected to encompass elements from the armed forces of a score of countries. In these circumstances there is bound to be a totally different philosophy abroad than in the late days of 1941 and the months immediately following.

Added to the philosophical consideration is the fact that today there are many more physicians serving in reserve status with the armed forces than there were prior to Pearl Harbor. Many more are subject to call and are considered as qualified veterans.

In the circumstances many doctors are today asking if there is not some equitable order of going, so that those who served their country in the last war and are just now regaining their professional and economic status after that sacrifice may not be immediately called upon for a further period of service. Is there not, they ask, some logical means of spreading the burden among all of us? This question has led to the formation of groups in some states to provide an orderly system of medical officer recruitment. It has brought forth an official declaration by the A.M.A. House of Delegates and similar declarations by medical groups in the states

and counties. Most recently it has resulted in the introduction of H.R. 9311 in Congress (the author: Representative Saylor of Pennsylvania) to call for an order of priorities in the recruiting and assignment of medical officers for the three branches of the armed forces.

The consensus in all quarters seems to be completely in accord with the resolution adopted by the House of Delegates of the A.M.A., which provides essentially: The priority for recruiting medical officers shall call for (1) those recent graduates who received part or all of their medical education at federal expense and who have not completed their required tour of duty *and* those who furnished their own funds for their medical education but were deferred from active duty because of their student status; (2) other physicians who did not serve in World War II, and (3) those physicians who served the least in World War II.

These priorities, with conditions of age, infirmity or absolute irreplaceability considered, appear to be pretty generally accepted in medical circles throughout the country. The logic of this order of service seems to be irrefutable.

Factually, the armed forces are now aiming at a total force of about 2,000,000 men. Military tables of organization now call for 3.6 medical officers per 1,000 men, or a total of 7,200 physicians for this force. A recent call for the voluntary enrollment of 3,000 medical officers brought forth only 200 volunteers.

The medical profession was signally honored in World War II in being permitted more or less to write its own ticket. Through Procurement & Assignment Service it was allowed to divide up its own resources for the good of the nation, and it is pretty

generally conceded that it did a good job. Now, with another international situation already under way, the profession will certainly be given a heavy responsibility, whether or not it is granted authority similar to that given in the last conflict. The question of reestablishment of Procurement & Assignment Service has not yet been answered officially; to date we do not know if this or a similar self-governing authority is to be set up. We do know, however, that the Council on Emergency Medical Service of the A.M.A. has been working most harmoniously with federal officials for several years. We also know that the leaders of the armed forces are fully aware of the need of complete cooperation with medical organizations and have done their utmost to extend such cooperation.

The medical profession today has an obligation to meet—the absolute necessity of seeing that the country's armed forces are properly supplied with quali-

fied medical officers. Government can use its powers to draft doctors; Congress can pass laws to make specially trained citizens, including physicians, subject to a call to military duty beyond that required of other citizens; the armed forces can invoke mandatory calls to duty for reserve officers who have already been called upon for service in the last war.

With all of these considerations in sight, the wise course would seem to be for the medical profession to solve this problem before governmental agencies have even slight warrant to step in with force. Organized medicine should start at once to influence its members in the Number One category to volunteer their services. If this category is exhausted and a need still remains, the second group should be called upon. Finally, the third group should be influenced to serve, if the need goes that deep. In any event, this is a job for medicine, not government, to do.

CORRECTION

In the editorial "The Hess Report and What It Means," which appeared in the August issue of CALIFORNIA MEDICINE, a typographic error occurred.

The first sentence in the ninth paragraph was printed: "Thereafter, the American Hospital Association in March 1950, in a distributed brochure, quoted resolutions defining that in its opinion radiologic, pathologic, anesthesiologic and psychiatric departments are component parts of the hospital organization and are included properly in a 'patient-day' of hospital care."

The word *psychiatric* should have been *physiatric*.